
**SCHOOL-BASED CRISIS MANAGEMENT
RECOMMENDATIONS ON SUICIDE©**

PREVENTION
INTERVENTION
AND
POSTVENTION

Suicide Awareness Voices of Education (SAVE)

BACKGROUND

Suicide is the third leading cause of death among youth ages 10 to 14 in Minnesota and the second leading cause of death for 15 to 19 year olds. Additionally, hospital discharge records show that 27% of all non-fatal hospitalizations for injuries of 10 to 19 year olds were classified as self-inflicted; potentially adding to the total numbers of suicide attempts. (1) Overall, the medical expenses associated with youth suicide attempts or a death by suicide exceeds 900 million dollars a year. (2) After considering these facts, suicide must be recognized as a significant threat to the lives of students in Minnesota schools.

In accordance with the *Call to Action to Prevent Suicide* (3) issued by the Surgeon General's office, the State of Minnesota has recognized the need to address issues related to youth suicide and have been involved with suicide prevention for the past decade. At the request of the 1999 Minnesota Legislature, the Minnesota Department of Health partnered with a large group of stakeholders from across the state to develop a statewide suicide prevention plan. This plan also addresses the need to respond to the Federal Government's directives associated with emergency preparedness planning.

The purpose of this document is to support schools in strengthening their ability to respond to a crisis within the school setting. The specific focus for this document relates to preventing and responding to a suicide crisis. Minnesota crisis management policy as outlined in 121A.035 addresses the responsibility of the state:

Subdivision 1. Model policy. By December 1, 1999, the commissioner shall maintain and make available to school boards a model crisis management policy.

Subd. 2. School district policy. By July 1, 2000, a school board must adopt a district crisis management policy to address potential violent crisis situations in the district. The policy must be developed in consultation with administrators, teachers, employees, students, parents, community members, law enforcement agencies, county attorney offices, social service agencies, and any other appropriate individuals or organizations.

Further information related to these policies can be found at <http://education.state.mn.us/mde/static/000180.pdf>

Of course the ultimate goal of any suicide prevention program is to reduce or eliminate instances of suicide related behavior. However, there are additional motivators for school districts to implement comprehensive plans. One example of this is found in the legal arena where important court decisions have influenced standards of care.

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Court Decisions

Legal cases resulting from suicide deaths have affected schools throughout the United States. The issue the courts have identified as most relevant is whether or not negligence existed in the actions of school officials. The courts have outlined the elements used to determine if negligence occurred. The following quote is an example of the elements used to base a judgment: (5)

Thus, to hold a therapist-counselor liable... a court must find the following to be true: 1. A duty was owed by the therapist-counselor to the counselee. 2. The duty owed was breached. 3. There was sufficient legal causal connection between the breach of duty and counselee's injury. 4. Some injury or damages were suffered by counselee. (p. 40)

Applications in actual cases taken from the National Association of Secondary School Principals can be found in *Eisel v. Board of Education of Montgomery County* (1991) and a Florida case of *Wyke v. Polk County School Board* (1997). (5) In both cases a school counselor or administrator was aware of suicidal ideation of a student. These officials did not make the parents aware of the situation nor did they take any actions such as referrals or interventions. As a result, one student later died in a murder suicide pact and the other hanged himself at home. The courts decided that the duty owed was breached and held the districts liable. The decisions coming out of these cases set a standard of "reasonableness" in the actions taken. The simple act of informing a parent of the situation would have been adequate to cover the duty owed.

A question does arise here regarding the expertise of school personnel. If a person has not had training in recognizing signs of suicide can they, and consequently the school district, be held liable in the case of a suicide death? *Bogust v. Iverson* (1960) was a case in which a person committed suicide shortly after several months of seeing a school official that was acting as a counselor. This official had no formal training in recognition of suicide warning signs. The court decided that no duty was owed to the individual because the lack of training precluded the school official from recognizing that an attempt may occur. (6)

The *Bogust v. Iverson* case is worth consideration because it is possible that some school districts may consider not training certain personnel due to the perceived increase in liability. However, unlike this 1960 case, in modern schools many individuals are trained on the recognition of suicide warning signs. Also, the standards set for school districts today related to recognizing mental health issues are much higher than in the past. It is possible that a challenge in court may show that a lack of training for individuals exposed to students may be determined as negligent thus exposing districts to liability.

With this information as a background the following will outline the basic components that will aid in the development of a suicide management program.

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What Should A School Crisis Management Plan for Suicide Include?

A review of the current literature recommends that an effective and comprehensive school suicide program should include three major components consisting of the following:

1. Prevention
2. Intervention
3. Postvention

Prevention consists of those school-related activities designed to reduce the occurrence of suicide thoughts, attempts, and deaths. **Intervention** consists of school-related activities aimed at appropriately and effectively handling a student at risk for suicide, or a student making a suicide threat or attempt at school. **Postvention** consists of the school-related activities that occur after a student has attempted or died by suicide. (7) “Prevention offers the most direct method for saving student lives from suicide and therefore should receive much attention.”(8) Prevention activities encompass efforts to decrease suicidal thoughts, attempts, and completions through education on recognition of warning and risk factors. There have been precedents established showing that responding to suicide as a community problem by enlisting a wide array of individuals in prevention produces positive results. (9) There are several recommended steps vital in building an effective prevention program. The major components seen in various sources have been adapted and summarized in the following. (5)(7)(8)(10)(11)

1. District wide policies should be adopted.

Without a clear directive to all schools the level of consistency in implementing a plan will likely fail. It is important that administrators make clear their expectations to all personnel within the district. This plan needs to be a written statement that formally states the mission of a suicide prevention policy. Within this policy should be specific steps to take when dealing with suicide threats or attempts on school premises. A list that outlines the level of risk and the corresponding actions to be taken should be immediately available to anyone seeking a guide. The Intervention section of this document provides such a guide.

2. A school crisis team should be established.

A wide coverage of individuals assisting with the implementation of policies will be a great advantage. The school-based team should be led by a district staff member who will oversee and coordinate crisis intervention services at the district level. The school crisis team should consider staff members from many disciplines including the following:

- a) principal or assistant principal
- b) school medical personnel
- c) school social worker
- d) school psychologist
- e) counselor
- f) secretary
- g) teachers
- h) school police resource officer

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It should be understood by the crisis team that Minnesota State Statutes provide for an immediate transportation hold to be placed on individuals that are determined to be at risk for harm to self or others under Chapter 253B, Subdivision 2. (4) This subdivision in part states:

Peace or health officer authority. (a) A peace or health officer may take a person into custody and transport the person to a licensed physician or treatment facility if the officer has reason to believe, either through direct observation of the person's behavior, or upon reliable information of the person's recent behavior and knowledge of the person's past behavior or psychiatric treatment, that the person is mentally ill or retarded and in danger of injuring self or others if not immediately detained.

The use of this provision can be extremely useful when an individual or that individual's guardian is not available or cooperative with the obligation of the crisis team to seek immediate help.

3. Educate school personnel about warning signs and risk factors.

School staff should feel confident in their abilities to recognize warning signs and risk factors and be able to describe instances of both. Some risk factors may include a history of previous suicide attempts, recent loss, accessibility to lethal means, and serious illnesses. Behavioral warning signs may be seen in mood disturbances, behavior changes, morbid or grave ideation, substance abuse, isolation, and loss of interest in pleasurable activities. It is in this area that school staff can serve as "gatekeepers" which have been defined as "people who regularly come into contact with individuals or families in distress." (2) (p. 3). By recognizing signs and symptoms early, gatekeepers can intervene before the risks turn into suicide attempts or completions.

Also important under this category is the need for collaboration among all school staff. When staff members coordinate planning, education, and intervention techniques there will be less chance of a student slipping through the cracks. Periodic staffing may allow staff to become aware of certain circumstances or potential warning signs for individual students. The different perspective that a staff nurse, psychologist, social worker, or teacher may have can serve to educate and enlighten the entire group leading to greater effectiveness.

It should also be noted that depending on school policies, suspensions may result for a student's actions related to a suicide attempt or related behaviors at school. Although we do not favor suspensions for suicidal ideation, attempts or planning, when this does occur it is preferable to have this suspension served under the supervision of staff trained in the warning signs and risk factors associated with suicide. Students and parents also should be made aware of this being carried out in their best interests to seek the appropriate healthcare needs.

4. Incorporate suicide prevention into the curriculum.

Various studies have shown that a significant number of youth think about, plan, or attempt suicide. The thought that addressing the issue may foster further ideation is not supported by the literature. In fact, education done in an appropriate manner results in gains in knowledge of warning and risk signs and generates positive attitudes toward those who solicit help in dealing with difficult issues. (8)(12) For resources related to suicide prevention training for staff and

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students, consult the Suicide Prevention Resource Center (www.sprc.org) for a list of evidence based practices for suicide prevention education.

5. Incorporate a peer support system.

Students, especially adolescents, often turn to their peers rather than adults when they have problems. By training students in the signs and symptoms regarding suicide an additional level of gatekeeping is created. Programs already created such as the ASK Teen Suicide Prevention Program provide comprehensive training. (See www.save.org, www.yellowribbon.org, and www.health.state.mn.us/ for information). Specific training in how to refer a friend or peer to additional resources by seeking the aid of an adult is recommended. (See Appendix E)

6. Develop a school-family partnership.

Building a partnership with families will provide a positive relationship in the case when concerns arise over a student's mental health. Additional community support will be gained with the inclusion of parents in addressing the issues of suicide prevention. Educating the family will add yet another layer of gate keeping and add to the chances the at-risk child will be supported through services. Pre-planning that includes signed releases and lists of approved adults authorized to pick up the student if a parent is unavailable is encouraged.

7. Develop school-community partnerships.

Collaboration with community agencies is essential to an effective school-based crisis management program. Links to agencies such as mental health centers, crisis agencies, law enforcement, youth services, psychiatric facilities, clergy, and the community health departments, will provide for quick responding and smooth transitions.

Within the school setting there will need to be a clarification of roles and duties to be performed within the crisis response team. The following are recommendations for the positions to be created. (7)

Roles of school-Based Crisis Team Members

There is no ideal Intervention or Postvention plan that will work best in all schools and school districts. An individual team member may assume multiple roles, or several members may share a particular responsibility. Crisis response procedures must be flexible to allow for the differences among communities and schools. The recommendations presented are a general approach that individual school districts can adapt to fit their unique needs and characteristics.

Crisis Team Leader- Appointed by an administrator at the school. The Crisis Team Leader is responsible for chairing all scheduled and emergency meeting of the crisis team, and overseeing the broad and specific functioning of the team and its members.

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Crisis Team Assistant- Appointed by an administrator at the school. The Crisis Team Assistant is responsible for assisting the chair in all functions and substituting for the chair as necessary.

Director of Counseling Services- Appointed by the Crisis Team Leader. The position requires the appropriate counseling credentials and experience. They are responsible for determining the specific services needed. The Director is responsible for ensuring team members receive training and supervision in the clinical services they provide, and for establishing the mechanisms for providing direct mental health services as required. They will also be responsible for establishing the community collaboration relationships (see Clinician Debriefers).

Media Coordinator- Appointed by the Crisis Team Leader and be a member of the school administration. They are responsible for implementing the Media Relations Plan and will handle all contact with the media. The Media Coordinator is also responsible for all communications with school staff, and for communicating the information shared by the family.

Staff Notification Coordinator- They are responsible for establishing, coordinating, and initiating the telephone tree for notification of team members and other school staff as needed.

Communications Coordinator- Will likely be the school secretary or other individual responsible for answering the telephones. They will be responsible for conducting all in-house communication provided by the crisis team. The Media Coordinator will provide them with a prepared statement to read to parents calling for information. They screen all incoming calls and maintain a log of telephone calls related to the suicide.

Clinician Debriefers- Appointed by the Director of Counseling Services as part of building the community collaboration. These clinicians are trained in the specifics of the Postvention Plan. They should meet the district standards for competency and follow their defined role in the Postvention Plan.

Community Clinicians- Community clinicians may be needed to supplement school mental health resources in implementing the Intervention and Postvention plans.

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The primary objective of the Intervention plan is to prevent the student from attempting or completing a suicide. In addition to clear verbalized threats, information discovered in writing samples, artwork, or other means that suggest hopelessness, sadness or thoughts of death need to be assessed.

School suicide intervention refers to the appropriate steps school professionals should take when a student either:

- a) displays warning signs for suicide
- b) threatens suicide
- c) attempts suicide

The recommended intervention procedures are determined by the level of risk as identified above. In order to effectively implement Intervention procedures for a student at any risk level, the staff should be trained in suicide prevention procedures as presented in the “Prevention” section.

In the assessment phase there are three levels of classification. Level I Risk includes verbalization of wanting to die, but the student has no specific plan and no apparent lethal means. Level II Risk includes a plan for suicide and potential access to a means to carry out this plan. In Level III Risk the student has a plan, possesses the means to complete a suicide, or has already taken steps in the suicide process. In this stage the student may be unwilling to negotiate or give up the article that may prove lethal. Recommendations on how to address each of these levels will be briefly covered.

Level I Risk Intervention Procedures

1. The school staff member who has observed the suicide warning signs should discuss their observations with the student asking them if they have had thoughts of suicide.
2. The staff member should persuade the student to accompany the staff member to meet with the Director of Counseling Services.
3. The Director of Counseling Services should assess the student’s suicidal risk. Appropriate assessment of risk is critical to determination of the specific health services needed. If it is determined that the student is not at imminent risk, the Director of Counseling Services should schedule periodic follow-ups with the student after informing the parents or guardians of the event. Limited information should also be given to the student’s teachers for ongoing monitoring and assistance. The staff should document the event as soon as possible including the rationales for the decisions made.
4. If available and appropriate, involvement of a student or peer support system can be initiated for ongoing support, contact, and assistance to the student.

Level II Risk Intervention Procedures

If the student is determined to be in a Level II Risk stage the following actions are recommended.
(5)(13)(14)

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1. The school staff member who encounters a student who has expressed suicidal thoughts should always remain with the student. During this time the student may engage the staff member in a discussion about his/her crisis situation.
2. The Director of Counseling Services should be notified of the student's suicide threat by the staff member through a prearranged signal that protects the student's confidentiality and does not create anxiety among other students. This alerts the Director of Counseling services to go to the designated location to meet the staff member and student. An example of a signaling system is "The Principal's Office is paging Dr. Green. Would Dr. Green please return to the Main Office for a message."
3. The Director of Counseling Services should inform the Crisis Team Leader of the intervention.
4. The school staff member should escort the student to the designated location away from other students, such as a counselor's office.
5. The Director of Counseling Services should assess the student's suicide risk and plan. If the risk is determined to be low or minimal, continue on to #6. If the risk is determined to be moderate, continue on to #6 with the understanding and communication to the student that referral and/or transportation to the hospital for a more in-depth assessment will be necessary. If the risk is determined to be high, continue to #6 and Level III Risk.
6. The Director of Counseling Services should inform the student that his or her parents will be contacted and discuss with the students what will be shared during the parent meeting.
7. The Crisis Team Leader should contact the parents or guardians. A phone call followed by a face-to-face meeting is recommended. During the phone call, the parents should be assured that the situation is being addressed by staff. The details about the suicide threat should be shared as well as the steps already taken with the student. The parents will be asked to meet with the Crisis Team Leader and the Director of Counseling Services to discuss the level of risk and appropriate referrals. Also, the importance of restricting access to means of suicide must be stressed. A helpful source for the parents to address these immediate concerns can be found at www.sprc.org and/or <http://www.ombudmhm.state.mn.us/reports/suicidepreventionbrochure8x11updated.htm>
8. The Crisis Team Leader should document the intervention and the steps taken to ensure the students safety. A lack of detailed documentation could result in legal proceedings.
9. The Director of Counseling Services should outline and be responsible for maintaining a regular communications schedule between the student, parents and the community mental health provider (if involved) to facilitate appropriate support until the student is deemed no longer at risk. Reintegration plans can then be developed.

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10. The Crisis Team Leader should communicate the intervention to all Crisis Team members.

11. Any school staff involved in the intervention and members of the Crisis Team should participate in a debriefing to accomplish two objectives: (1) allow staff to process their own feelings, and (2) assess the effectiveness of the intervention. If a peer alerted the staff to the situation a debriefing for this individual should take place.

12. Based on the outcome of the debriefing evaluation, the Crisis Team should meet separately to modify the intervention plan as necessary.

In addition to these steps recommended there are some general tips on how to react during an intervention:

- a) Take every threat seriously.
- b) Remain calm. Do not act shocked.
- c) Listen actively and without judgment. Give the student the permission to express the full range of his or her feelings.
- d) Acknowledge the student's feelings. Ask questions for clarity.
- e) Do not get into a debate about whether suicide is right or wrong.
- f) Offer hope. Let the student know that there is help, and that he or she can feel better.
- g) Do not promise confidentiality.
- h) Explain to the student the next steps in the intervention, e.g., going together to see the Director of Counseling Services.

Level III Risk Intervention Procedures

What differentiates the intervention procedures for a Level III Risk is the student who has attempted or is planning an attempt may be in possession of lethal means. The goals for a Level III Risk Intervention are twofold: (1) prevent the student from completing suicide, and (2) ensuring the safety of others. The additional procedures for a crisis intervention are:

1. The staff member who has encountered the student who has attempted suicide should move other students to a place of safety away from the at-risk student.
2. The Crisis Team Leader should be responsible for the removal of any dangerous instrument. This should be accomplished by talking with the student, allowing them to express feelings. During the conversation the Crisis Team Leader should ask the student to relinquish the dangerous instrument. School districts should consider what procedures will be used if the student does not cooperate in relinquishing the dangerous instrument or attempts to leave the area. In this scenario, staff members should be clear about the use of force policies within their school.
3. The local police department should be notified immediately and upon arrival given authority over the situation in consultation with the Crisis Team Leader.
4. Clinician or school debriefings should take place for all students directly involved and/or affected by the situation as well as all school faculty.

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The Postvention plan outlines those activities which occur after a student has completed a suicide. The goal of Postvention is to minimize the trauma to students and reduce the likelihood of copycat suicides. As such, effective Postvention activities may be considered as Prevention initiatives since they can reduce potential cluster suicides.

The Day of the Suicide- Implement these activities within 24 hours

1. The principal should contact the appropriate resource to verify the death. It should be noted that confidentiality issues may arise in this case. If the family is not in contact with schools officials there may not be an official confirmation available. Also, school officials should be aware that they may receive a wide variety of reactions from family members ranging from full cooperation to hostility.
2. The principal should notify the Crisis Team Leader of the suicide.
3. The Crisis Team Leader should notify members of the Crisis Team of the suicide, and begin plans for implementation of the Risk Assessment and Response Plan (to be initiated the first day of school following the suicide death).
4. The Crisis Team Leader should contact the family of the deceased as soon as possible. Along with condolences, support and assistance should be offered. The Team Leader should also ascertain any information that the family wants to make known, such as funeral arrangements, visitation, etc. remembering that the family will not likely be able to respond to such questions immediately.
5. The principal should contact the district superintendent to handle dissemination of information to other schools in the district.
6. The Staff Notifications Coordinator should either: (a) contact school faculty or (b) initiate pre-arranged telephone tree, to notify faculty of the death and to announce a faculty meeting scheduled before school the following day.
7. The Director of Counseling Services should notify the community resources (Clinician Debriefers and other clinicians) of the suicide and discuss the specifics and timing for their roles in implementation of the Risk Assessment and Response plan.
8. The communications Coordinator should begin arrangements for a meeting for parents. The meeting will be announced by the Notification Letter for Parents (see Appendix A for sample communications) which will be distributed by the Media Coordinator. The parent meeting agenda should include:

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- * Warning signs for suicide
- * Details of the Postvention plan
- * Information on how to respond to student's/child's questions

First Day of School Following the Death by Suicide

1. The principal or Crisis Team Leader (with the support of other Crisis Team Members as appropriate) conducts the faculty meeting before school commences. The agenda for the meeting should include:
 - Discussion of the facts about the suicide
 - Review the Media Relations plan. (See Appendix B)
 - Review pre-planned student announcement. (see Appendix C)
 - Discussion of the specifics of the Risk Assessment and Response Plan.

During this meeting the Crisis Team Leader should schedule a follow-up staff meeting to be held as soon as possible. The purpose of this meeting is to provide further information to staff regarding clarification of details, rumor control, funeral plans, modify the Postvention Plan as needed, and offer support and assistance to those staff providing direct services to students. Additional follow-up staff and crisis team meetings should be held at a later date to review the team's and school's response to the crisis, assess what ongoing services are needed, and determine revisions to the school's response plan.

2. Pre-written announcements should be read by the teacher to each individual class.
3. The Media Coordinator should distribute the Notification Letter to Parents.
4. The Media Coordinator monitors the Media Relations Response.

Risk Assessment and Response Plan

(Risk Assessment and Response Plan adapted from "A Public Health Response to a Cluster of Suicidal Behaviors: Clinical Psychiatry, Prevention, and Community Health") (15)

Phase I: Educational Debriefings

1. Crisis Team Leader organizes voluntary debriefing sessions with 12-15 students per group.
2. Clinician Debriefers lead the sessions. Students are provided with information about suicide, suicide prevention, and coping strategies.
3. Students, faculty, staff, and administration are encouraged to identify individual students whom they suspect are at high-risk of self-harm based on specific criteria (See Appendix D "Criteria for Recommending a Student for Individual Screening for

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Referral). Those students meeting one or more criteria are asked to proceed to Phase II- Individual Screening for Referral.

Phase II- Individual Screening for Referral

1. If students identified as high-risk in Phase I agree, they meet with a licensed clinician. The clinician asks for consents for the student to participate in the screening. The clinician informs the student that his or her parents will be contacted.
2. The clinician uses a standardized screening tool and uses non-standardized clinical inquiry if necessary to determine the student's need for further intervention.
3. Based on the screening results, the clinician makes a recommendation for each student: (1) no referral, (2) referral for outpatient mental health services, or (3) referral for immediate crisis evaluation.
4. The clinician contacts the parents or guardian to discuss the referral recommendation. If the student is recommended for outpatient mental health services, the clinician assists the parents in identifying and contacting appropriate providers. If a student is being referred for immediate crisis evaluation, the parents are asked to come to the school to provide written consent and to participate in the evaluation.

Phase III- Crisis Evaluation

1. The clinician conducts on-site crisis evaluation using the mental health service agency's standard evaluation protocol. The clinician discusses their recommendation with the student and parents.
2. Next steps, based on the results of the evaluation, include referral for further outpatient services, crisis stabilization services through the mental health agency, or psychiatric hospitalization.
3. All students and parents are given crisis hotline numbers and instructions to seek assistance at the nearest emergency department should there be a recurrence of thoughts or behaviors that were of concern.

APPENDIX A

NOTIFICATION LETTER TO PARENTS (16)

Date

Dear parent/guardian of Kennedy students:

The Kennedy School community was saddened to learn of the apparent suicide of one of our students. The death of any young person is a loss which, in one way or another, diminishes each of us. The tragic circumstances of Jim Green's death are perhaps more shocking and more difficult to accept.

We have asked the assistance of the crisis team to help our school community deal with this loss. We are doing everything we can to help your child and our staff through this tragic experience. You may anticipate more questions and a need to talk about the suicide at home.

Jim's funeral will be held at Grace Church, 428, Elm St. on Wednesday at 10:30 a.m. Your child may be excused from school to attend the funeral with a written permission from you. We encourage you to make arrangements to accompany him or her and you will need to provide your own transportation. The school will remain open for those students not attending the funeral. Jim's classmates and teachers have decided to receive donations in his memory and will make a contribution to the Suicide and Crisis Center. Please contact the school office at 555-823-4567 for further information.

If you have any concerns regarding your child's reactions to this loss, Mrs. Jones, the school nurse, Dr. Johnson, the school counselor, or one of the crisis team members will be available to assist you.

Sincerely,

Bill Holland
Kennedy School Principal

APPENDIX B

RESPONDING TO THE MEDIA

Taken from the American Association of Suicidology's publication, *Suicide Postvention Guidelines* (2nd. ed.)

Publicity about the suicide should be minimized as much as possible, especially coverage that tends to sensationalize or glamorize the suicide. A school spokesperson should be appointed to insure consistency and accuracy of information. This spokesperson usually is the principal, the crisis team coordinator, or the designee of the principal. In small school districts the superintendent may choose to act as spokesperson. The advantage of having a superintendent act as spokesperson is to relieve the school of this task and allow the school staff to deal with the crisis. If there is a community coordination committee, there should be close communication between the committee's spokesperson and the local school spokesperson. Involving the local newspaper editor, or designee, as a part of the community coordinating committee, facilitates the cooperation of the press and other media. The school secretary or another designated person should have a fact sheet from which to respond to telephone inquiries when the spokesperson is unavailable.

Never refuse a request for information from the press. This only inflames anger and adds to confusion. Reporters should not, however, be given access to school grounds. Filming or interviewing students or staff on school grounds should be prohibited, as the process of filming is likely to be intrusive and distressing. The spokesperson needs to respond to the media in a timely and professional manner. However, the school should avoid becoming the principal source of information. Releasing details about the suicide is the responsibility of the medical examiner or other authorities. Never permit speculation as to why the student or faculty member committed suicide. It is the family's sole prerogative to provide information about the victim. The school can explain the positive steps of the postvention plan to help students through the crisis and provide information on where troubled youth can get help. This becomes especially important in circumstances where the suicide becomes a major news story and the focus needs to be shifted from the school to the larger community.

APPENDIX C

STUDENT ANNOUNCEMENT

The goals of the student announcement are to provide accurate information to students while maintaining a routine that will add to stability. Also, the announcement should acknowledge the range of emotions that individuals may feel and provide opportunities for those wishing to talk about the incident an outlet to do so. An example of an announcement is as follows:

It is with great sadness that we report the death of Pat Smith who died this weekend from an apparent suicide. Our sympathy goes out to the family and those close to Pat and understand that this situation may generate strong feelings. Please feel free to approach a school staff member who will be able to help you or refer you to someone where you can discuss your concerns and feelings.

The death of any member of our school is tragic. When this death is a result of a suicide there may be many unanswered questions and intense feelings. Suicide is never the best way to deal with problems or illness. Please be aware of the resources and education that is available to deal with suicidal feelings or if you are concerned about another.

As further information becomes available we will make additional announcements.

* It should be noted that teachers be informed of the incident and have a copy of the announcement before conducting their first class. They may need to process the information before they can effectively deal with a classroom of students. Also, it is recommended that an announcement be read in individual classes and not through an overhead communication system.

APPENDIX D

CRITERIA FOR RECOMMENDING A STUDENT FOR INDIVIDUAL SCREENING FOR REFERRAL (15)

- a) A will or plan to die
- b) Depressive symptoms
- c) Signs or symptoms of substance abuse
- d) Unresolved grief
- e) Symptoms of traumatic stress response
- f) Survivor of suicide
- g) Poor coping skills
- e) No or minimal social support
- f) Withdrawal or rejection by peers
- g) Aggressive or impulsive behaviors
- h) Decline in school performance

REFERENCES

APPENDIX E

RECOMMENDATIONS FOR TRAINING STUDENTS TO SEEK APPROPRIATE SOURCES OF HELP WHEN CONCERNED ABOUT A PEER OR SELF (As taken from the ASK Teen Suicide Prevention Program)

- a) Train students to seek someone who will listen to them, take them seriously, and take action to get help.
- b) Support the idea that the student can ask for help from another peer or adult when approaching a person that can help.
 - c) Reinforce that all statements of suicide should be taken seriously.
- d) Train that in an immediate life threatening situation, call 911, or 1-800-273-TALK (24 hour Suicide Crisis Line).
- e) Give examples of those who may be able to get help such as parents, school officials, religious persons, teachers, coaches, or work supervisors.
- d) Strongly reinforce that secrets should not be kept if a life is at risk, and that it is always good to seek out help.

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